DATE : _8-17-07_

Paper No.: _____

TO SPE OF : ART UNIT _2664_

SUBJECT : Request for Certificate of Correction for Appl. No. ~~0000~~ , _6882634_ _09/825756_

Please respond to this request for a certificate of correction within 7 days.

Please review the requested changes/corrections as shown in the **COCIN** document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Please complete the response (see below) and forward the completed response to scanning using document code **COCX**.

3 time
Please response M/s/A/P.
Applicant & Attorney wants to know the Status

Certificates of Correction Branch

703-308-9390 ext. _116_

Thank You For Your Assistance

The request for issuing the above-identified correction(s) is hereby:

Note your decision on the appropriate box.

❏ **Approved** **All** changes apply.

❏ **Approved in Part** Specify below which changes **do not** apply.

❏ **Denied** State the reasons for denial below.

Comments: _____

_____

_____

_____

_____

SPE Art Unit